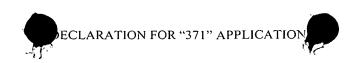
| COM APPI | ATTORNEY'S DOCKET PG3614USW First Names Inventor: Anthony Patrick JONES | | | | | | | | |
|--|--|----------------------|--------------------------------------|------------------------------------|-----------------------------|--|--|--|--|
| () Dec | laration submitted with initial | filing or | | ٠ | Complete if known: App No.: | | | | |
| ()Decl | aration submitted after initial | filing (surcharge re | equired 37CFR1 16(e)) | • | | | | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | and such med and minial | ining (surenarge in | squired 3 / 01 1(1110(c))) | | Filing Date | | | | |
| | | | | | Group Art Unit: | | | | |
| | As below named | l inventor. I here | by declare that: | | | | | | |
| My residence, post office address and citizenship are as stated below next to my name. | | | | | | | | | |
| | I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: | | | | | | | | |
| I | MEDICAMENT DELIVERY SYSTEM | | | | | | | | |
| | the specification of which (check only one item below): | | | | | | | | |
| | []is attached hereto. OR [x] was filed on 23 February 2000 as United States application Serial No or PCT International | | | | | | | | |
| g | Application Number PCT/EP00/01443 filed_and was amended on (MM/DD/YYYY)(if applicable) | | | | | | | | |
| L. L.J. The gard and the | I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. | | | | | | | | |
| [adi | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56. | | | | | | | | |
| | I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed: | | | | | | | | |
| | FOREIGN AND ANY P | | | | | | | | |
| Prior Foreign Application Number (s) | | | Country Foreign Filing D (MM/DD/YYYY | | PRIORITY CLAIMED | | | | |
| 1 9905 | | | GB | March 6, 1999 | X | | | | |
| 2. 9917 . 3. | 4/0.8 | · | GB July 27, 1999 | | X | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| I hereby | claim the benefit under Ti | tle 35, United St | ates Code §119(e) of an | y United States provisional applic | ation(s) listed below: | | | | |
| | Application No. | | | (MM/DD/YYYY) | | | | | |
| 1. | | | | | | | | | |
| <u>2.</u> 3. | | | | | | | | | |



COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

ATTORNEY'S DOCKET NUMBER
PG3614USW

Thereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| HC | | | | SIAIU | STATUS (Check one) | |
|---------------------------------------|---|--|---|--|--|--|
| U.S. Parent Application or PCT Parent | | | | red per | NDING ABANDONED | |
| | Number | (MM/DD/YY | YY) | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| POWER | OF ATTORNEY: / | As a named inventor, I hereby appoint the follow | uing atternau(a) and/or agent(a) t | a prosocuto this s | malication and towards all business | |
| in the LLS | S Patent and Tradema | rk Office connected therewith. (List name and | registration number) | to prosecute this a | pplication and transact all business | |
| in the O. | 3. I atem and Tradema | TR Office conficered therewith. (Elst hame and | registration number) | | | |
| Day | rid J. Levy | Reg. No. 27,655 James P | . Riek Reg. No. 39,00 | 9 Bonnie I | Deppenbrock Reg. No. 28,209 | |
| | rles E. Dadswell | | C. Bennett Reg. No. 37,09 | | John L. Lemanowicz Reg. No. 37,380 | |
| | | | Grassler Reg. No. 31,16 | | Amy H. Fix Reg. No. 42,616 | |
| | ert H. Brink | | her P. Rogers Reg. No. 36,33 | | | |
| Eliz | abeth Selby | Reg. No. 38,298 Lorie A | in Morgan Reg. No. 38,18 | 1 | | |
| lad. | | | | × | | |
| Senit C | orrespondence to: | | | Direct T | Telephone Calls to: | |
| Ä | David J. Levy, Pat | ent Counsel | | ſ | | |
| ξρ ² μ] | | tual Property Department | { | 1) | James P. Riek | |
| A | GlaxoSmithKline | (/ | 23347 | V | 919-483-8022 | |
| | Five Moore Drive, | | | 1 | | |
| 4: | Research Triangle | 1 | T TRADEMARK OFFICE | | | |
| (and | I hereby declare | that all statements made herein of my | own knowledge are true a | nd that all state | ements made on information | |
| | and belief are be | lieved to be true; and further that thes | e statements were made w | ith the knowled | dge that willful false | |
| ·Ū | | he like so made are punishable by fine | | | | |
| ľ | | may jeopardize the validity of the app | | | .c. 1001, and that such willt | |
| La Cons | laise statements | may jeopardize the validity of the app | ileation of any patem issui | ing mereon. | | |
| (A) | FULL NAME | FAMILY NAME | FIRST GIVEN NAME | SECOND | GIVEN NAME/INITIAL | |
| 24 | OF INVENTOR | JONES . | Anthony | Patric | k | |
| INVENTOR'S I Signature | | | | Date: | | |
| 7 0 | SIGNATURE | x tath | | X 18 | s seriember sooj | |
| 0 | RESIDENCE & | CITY | | | | |
| | | | STATE OR FOREIGN COUNTRY | I | Y OF CITIZENSHIP | |
| | CITIZENSHIP | Ware (SBX | GB | GB | | |
| | POST OFFICE | Ware (LEX) POST OFFICE ADDRESS | GB CITY | GB STATE & | ZIP CODE/COUNTRY | |
| 1 | | Ware (SBX) POST OFFICE ADDRESS GlaxoSmithKline | GB | GB STATE & | | |
| 1 | POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 | GB crry Durham | GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US | |
| | POST OFFICE ADDRESS FULL NAME | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME | GB CITY Durham FIRST GIVEN NAME | GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL | |
| | POST OFFICE ADDRESS FULL NAME OF INVENTOR | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON | GB crry Durham | GB STATE & North SECOND John, | ZIP CODE/COUNTRY Carolina 27709, US | |
| | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON | GB CITY Durham FIRST GIVEN NAME Gregor | GB STATE & North SECOND John, Date | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan | |
| OS | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X | GB CITY Durham FIRST GIVEN NAME Gregor . | GB STATE & North SECOND John, Date X Z | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scotowy Zeo | |
| | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY | GB STATE & North SECOND John, Date X COUNTR | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan | |
| OS | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware CJBX | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB | GB STATE & North SECOND John, Date X COUNTR GB | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottown (V Zoo) Y OF CITIZENSHIP | |
| <i>V</i> °) ° | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB CITY | GB STATE & North SECOND John, Date X COUNTR GB STATE & | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottowh (* Zoo Y OF CITIZENSHIP | |
| OS | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB | GB STATE & North SECOND John, Date X COUNTR GB STATE & | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottown (V Zoo) Y OF CITIZENSHIP | |
| <i>V</i> °) ° | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB CITY Durham | GB STATE & North SECOND John, Date X Z COUNTR GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scoltowy (V Zoo) Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US | |
| ()° 0 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB CITY | GB STATE & North SECOND John, Date X Z COUNTR GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottowh (* Zoo Y OF CITIZENSHIP | |
| <i>V</i> °) ° | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 FAMILY NAME | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB CITY Durham | GB STATE & North SECOND John. Date X COUNTR GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scoltowy (V Zoo) Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US | |
| ()° 0 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 | GB CITY Durham FIRST GIVEN NAME Gregor . STATE OR FOREIGN COUNTRY GB CITY Durham | GB STATE & North SECOND John, Date X Z COUNTR GB STATE & North | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scoltowy (V Zoo) Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US | |
| 0 0 2 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 FAMILY NAME Signature | GB CITY Durham FIRST GIVEN NAME Gregor STATE OR FOREIGN COUNTRY GB CITY Durham FIRST GIVEN NAME | GB STATE & North SECOND John, Date X COUNTR GB STATE & North SECOND Date: | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottowh V Zoo Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL | |
| ()° 0 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 FAMILY NAME | GB CITY Durham FIRST GIVEN NAME Gregor STATE OR FOREIGN COUNTRY GB CITY Durham FIRST GIVEN NAME | GB STATE & North SECOND John, Date X COUNTR GB STATE & North Date: COUNTR | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scoltowy (V Zoo) Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US | |
| 0 0 2 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 FAMILY NAME Signature CITY | GB CITY Durham FIRST GIVEN NAME Gregor STATE OR FOREIGN COUNTRY GB CITY Durham FIRST GIVEN NAME STATE OR FOREIGN COUNTRY NC | GB STATE & North SECOND John, Date X COUNTR GB STATE & North Date: COUNTR CO | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scrottowh (V Zeo Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL | |
| 0 0 2 | POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & | POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME ANDERSON Signature X CITY Ware POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, POBox 13398 FAMILY NAME Signature | GB CITY Durham FIRST GIVEN NAME Gregor STATE OR FOREIGN COUNTRY GB CITY Durham FIRST GIVEN NAME | GB STATE & North SECOND John, Date X COUNTR GB STATE & North Date: COUNTR CO | ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL McLennan O Scottowh V Zoo Y OF CITIZENSHIP ZIP CODE/COUNTRY Carolina 27709, US GIVEN NAME/INITIAL | |